AMENDMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 184

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township San Carlos or Village

City No. St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gertrude Grant (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: female

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate? yes

7. Date of birth 9/30/28/ (Month Day Year)

8. FATHER

Full name Salvadore Grant

9. Residence (Usual place of abode) San Carlos,

If non-resident, give place and state. Ariz.

10. Color or race Apache

4/4 Indian

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Rice,

(State or country) Ariz.

13. Occupation

Nature of industry common labor

14. MOTHER

Full maiden name Dorothy Clark

15. Residence (Usual place of abode) San Carlos,

If non-resident, give place and state. Ariz.

16. Color or race Apache

4/4 Indian

17. Age at last birthday 23 (Years)

18. Birthplace (city or state) San Carlos,

(State or country) Ariz.

19. Occupation

Nature of industry housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum. no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I ~~attended~~ report the birth of this child, who was born alive (Born alive or stillborn) at 3 P. m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C H Sawyer M.D. (Physician or midwife).

Given name added from a supplemental report (Month, day, year)

Address San Carlos, Ariz.

Registrar.

Filed, 19 C.H.Sawyer. Registrar.

225-930-432